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CONFIRMATION NO. 4130

|  |   |                                  |   |   |                                |
|--|---|----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/551,483   | <b>FILING OR 371(c) DATE</b><br>09/29/2005<br><b>RULE</b>   | <b>CLASS</b><br>198              | <b>GROUP ART UNIT</b><br>3651   | <b>ATTORNEY DOCKET NO.</b><br>110830/01 |                                |
| <b>APPLICANTS</b><br>Kurt Moeller, Ferrara, ITALY;   |   |                                  |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IT03/00188 03/31/2003 <i>Yes DM</i>  |   |                                  |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>NONE DM</i>   |   |                                  |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 05/31/2006</b>   |   |                                  |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Allowance <i>DM</i> |   | <b>STATE OR COUNTRY</b><br>ITALY | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>20               | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>Verified and Acknowledged</b><br>Examiner's Signature <i>DM</i> Initials  |   |                                  |   |   |                                |
| <b>ADDRESS</b><br>23828  |   |                                  |   |   |                                |
| <b>TITLE</b><br>Device for the storage and feeding of products   |   |                                  |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>450  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |